

**TREASURE COAST EARLY STEPS (TCES)
COMMUNITY PSP TEAM
VISIT NOTE**

Child's Name: _____ Date of Birth: _____ Date of Visit: _____

Provider Name: _____ Provider Code (EIIF, ST, PT, OT) _____

Time In: _____ Time Out: _____ Travel time: _____ Location: _____

Individuals Present: _____

IFSP Outcome(s) Addressed: _____

Since last visit what has been happening and how have the activities been incorporated into the daily routines by parent(s)/ caregiver? (Child/family/health) _____

During this visit what strategies/coaching for use during daily routines was provided and demonstrated by PSP and parent/caregiver?

Suggestions for parent/caregiver follow-up during daily routines and activities:

Date of Next Visit: _____

Provider Signature: _____

Date: _____

Parent/Caregiver signature: _____

Date: _____